



# ENROLLMENT FORM

PROGRAM YEAR:

PROGRAM:

CHILD'S NAME	BIRTHDATE
ADDRESS (CITY, STATE, ZIP)	
MOTHER'S NAME	OCCUPATION
MOTHER'S ADDRESS (CITY, STATE, ZIP)	
MOTHER'S EMAIL ADDRESS	
Can we share this email with other families in our school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTHER'S EMPLOYER	EMPLOYER'S ADDRESS (CITY, STATE, ZIP)
FATHER'S NAME	OCCUPATION
FATHER'S ADDRESS (CITY, STATE, ZIP)	
FATHER'S EMAIL ADDRESS	
Can we share this email with other families in our school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FATHER'S EMPLOYER	EMPLOYER'S ADDRESS (CITY, STATE, ZIP)

**SIBLINGS:** Does your child have any siblings? (Please list their names, ages, and relationship to your child.)

**EARLY CHILDHOOD EXPERIENCES:** (Play groups, child care, preschool, other organized programs, etc.)

If your child has never been left with anyone other than a relative, please share any concerns that you may have:

## LANGUAGE

**PRIMARY LANGUAGE:** What is your child's primary spoken language?

**SECONDARY LANGUAGE(S):** Are there any other languages used with your child?

## PERSONAL & MEDICAL INFORMATION

**ALLERGY CONCERNS:** (Bee stings, food, environment, etc. Please include approved protocol(s) for treatment.)

**MEDICAL CONCERNS:** (Asthma, seizures, previous illnesses/conditions, etc.)

**MEDICATIONS:** (Please list any prescription/non-prescription medications taken regularly by your child.)

**DEVELOPMENTAL CONCERNS:**

☐ Hearing ☐ Vision ☐ Language ☐ Gross Motor ☐ Fine Motor ☐ Social ☐ Other

If yes, please explain:

## TOILETING

**IS YOUR CHILD TOILET TRAINED?** ☐ Yes ☐ No ☐ Working on it

If yes, at what age? If in the process, please provide any information helpful to teachers here at school:

# SLEEPING

DOES YOUR CHILD NAP? ☐ Yes ☐ No

WHAT TIME DOES YOUR CHILD...

WAKE UP IN THE A.M.	START NAP	WAKE UP FROM NAP	GO TO BED
---------------------	-----------	------------------	-----------

Is there anything else you would like us to know about your child’s sleeping habits?

# BACKGROUND INFORMATION

Please share any information, both past and present, regarding your child’s siblings and close family such as health of family members, disabilities, family structure, culture, changes at home, that may affect your child and would be helpful for teachers to know to better understand your child here at school.

Please share your child’s strengths, interests, fears, etc.

What would you like your child to gain from their experience here at school?

Do you have any other information or concerns you would like to share?

SIGNATURE OF PARENT/GUARDIAN	DATE
------------------------------	------